

## Case Report

# Presacral Cystadenocarcinoma after Persistent Perineal Sinus

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**OPEN ACCESS****Abstract**

Presacral Tumours are a rare entity. Diagnosis is difficult and surgical treatment is often a real challenge. Occasionally, because of nonspecific clinical appearance and the difficulty of a biopsy, it's impossible to make an accurate diagnosis before treatment.

**INTRODUCTION****Aim**

Present a clinical case of cystadenocarcinoma developed after abdominoperitoneal resection (APR) for a low rectal tumor.

**CASE PRESENTATION****Methods**

A 73-year-old man presented to our Colorectal Office, with a persistent perineal sinus. He had previously undergone an abdominoperineal resection (APR) in 2010. He provided reports from another hospital, where we could clarify that the pathological study of the specimen of 2010 was benign. He suffered with persistent discharge and pelvic pain, progressing over the last years. CT-Scan and pelvic MRI were performed as well as a Fine needle aspiration biopsy (FNAB)

**Results**

The radiology study showed a collection above the surgical wound and PET scan showed a normal distribution of the radioactive tracer. FNAB indicated absence of malignant cells a posterior Kraske approach was indicated with resection of the coccyx. A big cystic pelvic mass (Figure 2) was found, affixed to rear face of the bladder and prostate, entering the vas deferens. An en bloc resection and a simultaneous staged pedicle V-Y was made with an uneventful postoperative course. Pathology results came with Cystadenocarcinoma, free margin. Adjuvant therapy based on chemo-radiation was recommended as decided in the multidisciplinary committee.

**DISCUSSION**

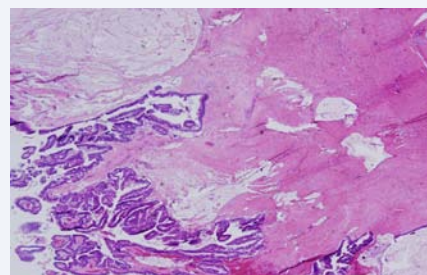
Retro rectal tumours are uncommon, the clinical presentation is heterogeneous, ranging from chronic non-specific abdominal pain, constipation, bowel obstruction, to suppuration. The definitive treatment is surgical, because of the risk of misdiagnosis or malignant degeneration.



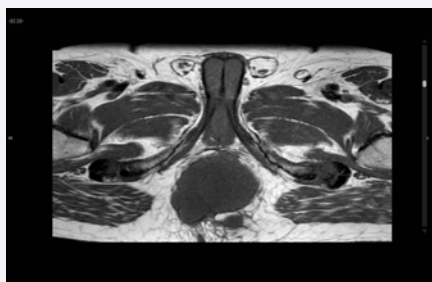
**Figure 1** In the surgical site there is a lobed abscess of 10, 5 x 7 x 7 cm.



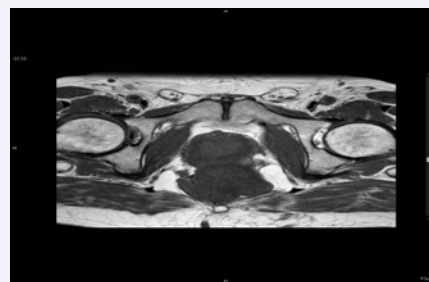
**Figure 2** Cyst with rough walls, mucinous aspect, and solid areas.



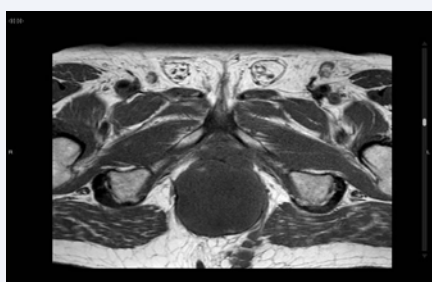
**Figure 3** Histology shows a thin capsule, cystic structures lined with columnar glandular epithelium.



**Figure 4** Magnetic resonance imaging (MRI) of the pelvis.



**Figure 6** cyst with rough walls, mucinous aspect and solid areas.



**Figure 5** Magnetic resonance imaging (MRI) of the pelvis. T1W1.

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